

## **Responses to Seminar Participants' Questions on Evaluations of the 10-31-07 Medicaid Seminar**

### **Topic: How to obtain copies of the Medicaid Billing Tool Kit and Medicaid Billing Guide published by the Indiana Department of Education.**

Anyone can view or print copies of school-based Medicaid-related documents on the DOE Division of Exceptional Learner's school-based Medicaid Web page at <http://www.doe.state.in.us/exceptional/speced/medicaid.html>.

### **Topic: Inconsistencies among state practice acts, Article 7 and Medicaid's provider qualification policies.**

Each of these laws or rules serves a different purpose. Practice Acts are state laws that define the scope of a licensed professional's practice. Article 7 (511 IAC 7, Indiana's Special Education rule) identifies which practitioners may provide certain Special Education and related services. Indiana Medicaid rules at 405 IAC 5, together with applicable federal regulations at 42 CFR 440 Subpart A, stipulate licensure, certification, registration and, in some cases, academic or training requirements for practitioners whose services may be billed to Medicaid. It is important for Medicaid-participating school corporations to recognize that not all practitioners meet the requirements to be a "Medicaid-qualified provider" of services they are licensed to perform.

### **Topic: School psychologist referrals for speech and occupational therapy services.**

The scope of practice of a school psychologist as defined under Indiana law (IC 20-28-1-11, effective July 1, 2006) specifically allows a school psychologist who is employed by a school corporation to refer a student (1) to a speech-language pathologist for speech, hearing and language disorders, or (2) to an occupational therapist for occupational therapy services. This practice act also identifies the school psychologist as a "practitioner of the healing arts" for purposes of making referrals (for further evaluation and treatment by an SLP or OT) as required by Medicaid under the federal regulation at 42 CFR 440.110.

Note: although the Indiana General Assembly also included referral to an audiologist in the language of the school psychologist practice act, Indiana Medicaid requires a physician (M.D. or D.O.) to certify in writing the need for an *audiological* assessment, and further requires that children age 14 or under be examined by an otolaryngologist.

**Topic: Where to find copies of Medicaid laws and regulations.**

Medicaid-covered services are set out in federal law at 42 U.S.C. 1396(d). Federal regulations governing Medicaid services are in the Code of Federal Regulations at 42 CFR 440 Subpart A. Indiana-specific Medicaid laws are at I.C. (Indiana Code) 12-15, and state administrative rules promulgated by the Indiana Office of Medicaid Policy and Planning are in the Indiana Administrative Code at 405 IAC 5. Complete copies of these laws and promulgated rules are available at the following government Web sites:

Federal Medicaid laws (42 U.S.C.):

[http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=browse\\_usc&docid=Cite:+42USC1396d](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=browse_usc&docid=Cite:+42USC1396d)

Federal Medicaid regulations (42 CFR):

[http://www.access.gpo.gov/nara/cfr/waisidx\\_06/42cfr440\\_06.html](http://www.access.gpo.gov/nara/cfr/waisidx_06/42cfr440_06.html)

Indiana state Medicaid laws (IC 12-15):

<http://www.in.gov/legislative/ic/code/title12/ar15/ch5.html>

Indiana Medicaid program rules (405 IAC) - select Article 5 in either PDF or WordPerfect format: [http://www.in.gov/legislative/iac/iac\\_title?iact=405](http://www.in.gov/legislative/iac/iac_title?iact=405)

Other Indiana Medicaid-related guidance, manuals and provider bulletins are accessible online at [www.indianamedicaid.com](http://www.indianamedicaid.com).

**Topic: Medicaid audits and documentation required to support medical necessity, plan of care review, and progress toward goals.**

Audits: Currently there is no specific schedule or time frequency when school corporations are audited. For more information about how school corporations are chosen for audit, please see the copy of "Medicaid Audits-SUR Presentation" posted on the Division of Exceptional Learner's School-based Medicaid Web page at <http://www.doe.state.in.us/exceptional/speced/medicaid.html>.

Some of you were justifiably nonplussed that federal auditors have tried to hold schools accountable for policies that were not yet published during the period audited. Please note that, if audited, you have the right to appeal any audit finding.

Documentation: When billing Medicaid for an initial evaluation that was necessary to develop the IEP of a student determined eligible for special education services, the school corporation needs documentation of the order/referral for the evaluation and the reported outcome of the initial evaluation. Graded progress each grading period is NOT sufficient documentation to address Medicaid's requirement for reviewing the plan of care. At a minimum, the practitioner's service logs, *signed/initialed (including professional credentials) and dated on each date of service*, must identify (1) the individual student who received the service, (2) what service was provided, (3) the amount of time spent delivering the service (at a minimum, record the start and stop times, and it's also a good idea to note the total minutes of service delivery time), and (4) the student's outcomes/progress toward goals. Note that practitioners who perform

Medicaid-billable medical services are generally familiar with typical conventions for medical charting and service log record keeping; however, documentation recommendations are included in the Medicaid Billing Tool Kit update that DOE will issue in December, 2007.

**Topic: Medicaid's definition of medical necessity.**

Indiana Medicaid's rule at 405 IAC 5-2-17 defines "medically reasonable and necessary service" to mean a covered service that is required for the care or well being of the patient and is provided in accordance with generally accepted standards of medical or professional practice. Please refer to section 2.5.6., Medical Necessity, in the December, 2007 Tool Kit update. Schools can bill Medicaid for providing health-related services which meet a medical need addressed in the student's IEP, thereby enabling that student to access/benefit from the free and appropriate public education (FAPE) to which s/he is entitled.

**Topic: Medicaid reimbursement for nursing (R.N.) services provided pursuant to a Medicaid-eligible Special Ed student's IEP.**

While we cannot predict with certainty when the Indiana Office of Medicaid Policy and Planning will implement changes permitting reimbursement to school corporations for IEP nursing services, we know that the only remaining administrative task is revision and final approval of the written instructions (provider bulletin) announcing this change. Please understand that, while important, this initiative is not the highest priority facing the Medicaid agency, which is currently experiencing reorganization and staffing shortages. Medicaid medical policy, based on federal guidance and state practice acts, allows reimbursement only if a licensed Registered Nurse provides the types of IEP nursing services that school corporations will be permitted to bill.

**Topic: Billing for group therapy.**

In the case of speech-language pathology services, Medicaid will not cover group therapy as the only or primary means of treatment (i.e., Medicaid's rule at 405 IAC 5-22-9 stipulates that group therapy is covered only in conjunction with "regular individual therapy." Please refer to Appendix C of the Medicaid Billing Tool Kit, page C12). Medicaid's rule does not specify the number or frequency of individual sessions required in order to bill group speech therapy also, but it is important to ensure that services provided/billed are appropriate to meet the needs of the individual student. An individual therapy session (one-on-one between the provider and student) does not necessarily have to occur in an isolated setting apart from the classroom.

**Topic: Retroactive or “back” billing for dates of service in the past.**

When a school corporation (or any other type of service provider) enrolls as a Medicaid-participating provider, it can bill for dates of service up to one year prior to its Medicaid enrollment effective date IF: (1) the patient/student was Medicaid-eligible on the date of service (please remember that school corporations can only bill for health-related services included in a Medicaid-eligible Special Education student’s IEP), (2) the procedure performed was a Medicaid-covered service, (3) the practitioner who performed the service met the criteria to be a Medicaid-qualified provider of that service, and all other applicable Medicaid requirements are met (there was an order/referral for the service, the service was adequately documented, etc.).

**Topic: Other school corporations’ Medicaid billing practices and experiences.**

Several seminar participants inquired about the practices and experiences of Indiana school corporations that are billing Medicaid for IEP services. We encourage you to contact colleagues at other school corporations to share examples of documentation formats and content, as well as information on experiences with billing agents, the amount of staff time devoted to fulfilling administrative requirements related to Medicaid participation, which staff members are included in Medicaid billing-related meetings, methods for obtaining parents’ permission to bill/verify eligibility, ways that districts have addressed concerns of staff reluctant to participate, etc.

**Topic: Medicaid reimbursement to school corporations for assistive communication devices.**

Medicaid’s policy and automated claims processing system are designed to allow only certain types of Medicaid-enrolled providers to submit claims and be reimbursed for assistive devices. The state Medicaid agency will have to review its policy and claims processing system capabilities to study the feasibility of allowing school corporations to bill for assistive communication devices.